mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state D. Every item of infor-

Exact statement of OCCUPA.

N. B.

	STATE OF MA	RYLAND-	-CERTIF	ICATE OF	DEATH	6123
PLACE OF DI	EATH			92-0		
County	Charles.			R	egistration Dist. No	100
Village or City	La Plate	LLD.	No			C+ I

1. PLACE OF DEATH	93-0
County Charles.	Registration Dist. No.
Village or City Sa Plata hed.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
- 00 · A ·	
2. FOLL NAME	î X X
(a) Residence: No. (Usual place of a bode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hulale while married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of O	
(or) WIFE of algie &, Dowie.	22. I HEREBY CERT FY, That I attended deceased from
6. OATE OF BIRTH (month, day, and year) June 28, 1877	I last saw h. 1 alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stared above, at 15:43 m.
58 11 20 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Whosewater SAWYER, BOOKKEPER, etc.	Cles, my reardile. Oato of onsot
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Can anyour cours.
Spell I II this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	VI al ba source grando I I I
	6 70 36
E CONTRACTOR OF THE PROPERTY O	body pleages has been
(State or country)	Nama of operation Oata of What test confirmed diagnosis? Was there an autopsy?
IS MAIDEN NAME I da Del voler.	What test confirmed diagnosis? Was there an autopsy?  23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME I da Del o Jer .  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury
(State or country) warylond.	Where did injury occur?
17. INFORMANT toward M. Balvie.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place aistal ME Date June 22 1936	Manner of injury
12-1 + + 18m	Nature of injury.
19. UNOERTAKER / CANADA AND AND AND AND AND AND AND AND AN	24. Was disease of injury in any way related to occupation of deceased?
0. 21 21 0 00 : 20	(Signed) Will 7 Way M.D.
20. FILED TO 19.3 b Cl Com T Posts	(Add(ess) In Plate Wed.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	CEIVE	DI	Example II	
The principal cause of death and	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	DEALL V.	S. 1921	Run over by street car	1 week ago
Cerebral hemorrhage		Julya 927	Peritonitis	3 days ago
Other contributory causes of impo	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	state JPA	SIAIL OF MARTERIO	CERTIFICATE OF DEATH
	stat UPA	1. PLACE OF DEATH	(34)
	ould OCC	County	Registration Dist. No. 106
1	should f OCC	Village or City Pomonkey	
L. Pi	st st		Mo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
-	t S	Length of residence in city or town where death occurred 25 yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
	Every YSICIANS statement	2. FULL NAME Wallace Fairfax Co	Parke
	E ter	P. L.U.	X
4	rsta sta	(a) Residence: No.	St., Ward.
	THE .	(Usual place of abode)	If nonresident give city or town and State
	E K	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (arrieghe word)	21. DATE OF DEATH
pr lec	L	married married	(Month) (Day) (Year)
N	T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  On olly S. Clark	
	AP A C Ssil	(or) WIFE of molly S. Clark	22. HEREBY CERTIFY That I attended deceased from
BIND	X X	1 1 1001	, 10, 6, to , 19 3 6
BI	E E	6. DATE OF BIRTH (month, day, and year) + et 20, 18/1	I last saw h. / m. alive on, 19.3 6; death is said
03	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
0	IS A l stated proper	3 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Ti	st st bi		Chronic mys carditis Date of open
Q	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, Electrician (retried) SAWYER, BOOKKEEPER, etc.	1.6.37
VE	E TO BE	9. Industry or business in which	
	should it may n back	work was done, as SILK MILL, U.S. Naval Vorder Tacky SAW MILL, BANK, etc.	
RESER	INK sh it on	0 10 Pet 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
É		this occupation (month and Oct/92) spect in this occupation year)	
24	NFADING pplied. AGF erms, so tha instructions	1-12-1-27	other cautibitary charge of thibothauce
Z	DI.	12. BIRTHPLACE (city or town) (State or country)	Lues, tentury
MARGIN	ied ied is,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cenebial Kemayahage 1755
R	UNFA supplied n terms, ee instru	13. NAME - aufox Eleck 14. BIRTHPLACE (city or town) - Verylown	00
M	H U sur	14. BIRTHPLACE (city or town) / Lewylown	Name of operation
-	# ·= v2	(State or country)	What test confirmed diagnosis? Was there an autopsy?_///
	carefully FH in pla	15. MAIDEN NAME Winis am Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
	PLAIN WI hould be careful OF DEATH in p	15. MAIDEN NAME Wining and Brown  16. BIRTHPLACE (city or town) which are constant to the constant of the cons	Accident, suicide, or homicide? Date of injury, 19
	be can EATH import	O 16. BIRTHPLACE (city or town)  (State or country)	
•	be my	100000	Where did injury occur? (Specify city or town, county and State)
	Id Id	17. INFORMANT Moley Cash	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Should OF D	(Address) (formely had	
1	E W S W	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	on S.	Place / minkly Date T, 1926	Nature of injury
	WRITE mation sCAUSE	10 HUDGOTANGO Bother & Hatth Eno	24. Was diseaso or injury in any way related to occupation of deceased?
D. 12	HCH	19. UNDERTAKER  (Address)	If se, specify
Z	B T	man	
oj.	z	20. FILED 6 - 4 - , 1936 M. C. Ransame	(Signed) Aun a Shear J. M. D.
part .		Debuty Local Registrar.	(Address) Andrew Head no
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	The contract of the contract o	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
HIREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH			1	03
Village or City Civersia	le	No.	Registration Dist. No. /	
Length of residence In city or town where death occ			ution, give its NAME instead of street a of foreign birth?yrs	and number)
2. FULL NAME Dabney	C. Harri	con	×	
(a) Residence: No.	in de Mal	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	1
OR OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	ne 14	, 193_(
5a. If married, widowed, or divorced HUSBAND of	· worlden		(Month) (Day)	(Ye
(m) VIEL of Mary Har	rison	1 HEREB	Y CERTIFY, That I attend	ded decease
6. DATE OF BIRTH (month, day, and year)	148841	I last saw h June alive on	1936, to June 14	19.
	Days If LESS than	to have occurred on the date stat		Z_W_; death
52 3 -	I day,hrs.		TH and related causes of importance	
8. Trada, profession, or particular kind of work done, as SPINNER,	0 \	Second and T	risd Degree Burns	Dated
SAWTER, BUUNKEEPER, etc.	chout	of Head Face Co	rest anus hech	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	(chails).	due Back	roug	Ju
O 10 Date deceased last worked at	11. Total time (yaars)	gasoline i	garding on	V 10
this occupation (month and year)	spent in this occupation	Tololling	Been aller alley	
12. BIRTHPLACE (city or town)	nd.	Other Contributory Causes of imp	ortanca:	
(State or country)		Shock.		
13. NAME Havy T. 14. BIRTHPLACE (city or town)	man	myreard	ilio	10
14. BIRTHPLACE (city or town)		Name of operation	Data o	f
(State of country)	guia		Was there a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	unper		uses (VIOLENCE) fill in also the follow	
O 16. BIRTHPLACE (city or town)  (State or country)	ruland.	Where did injury occur?	Lax Deta of mjury le	19 مــراد
17. INFORMANT Mas Harry M.  (Address)	derguen.		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURNAL, CREMATION OR REMOVAL	June 16, 1936	Manner of injury		
Should All	-11-			
19. UNDERTAKER Address)		If so, specify	way ralated to occupation of deceased?	
20, FILE June 18, 1936 Ather	- William	(Signed)	& nolan	
YU. FILED	-1.9.04 HUY		O DOM II	. 1

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1	
-1-4111	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of

PHYSICIANS should state Exact statement of OCCUPA.

# STATE OF MADVIAND\_CEDTIFICATE OF DEATH

6126

STATE OF MARTEAIND	CLITTICATE OF DEATH
1. PLACE OF DEATH	(100)
County Charles.	Registration Dist. No.
Village or City Piegale - (16	No. St., Sard death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whare death occurredyrsmos	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Mary J. Flowking.  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  J. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married.	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Chornas & Hawkine.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 10, 1882	Hast say has alive on process 14, 1906; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
54 1 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Ge Castriles in meaning Date of onset
9. Industry or business In which work was dona, as SiLK MILL, SAW MILL, BANK, etc	Cut &
10. Late daceased last worked at this occupation (month and year) occupation (month and year)	
12. BIRTHPLACE (city or town) Pisgale (State or country) mansland	Other Centributery Causes of importanca:
13. NAME Fred. Green.	
14. BIRTHPLACE (city or town) Clearles Co.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Cliga Chum.  16. BIRTHPLACE (city or town) Churche Co	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accidant, suicida, or homicida?
E (State or country) Md	Where dld injury occur?
17. INFORMANT Alconnes of Fawling.  (Address) Piagah md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Magan Pla, Oate Mile 17, 1998	Natura of injury
19. UNDERTAKER Canaly Terring (Addrass) Programme Tourism	24. Was disaase or injury in any way related to occupation of deceased?
1. 17 11 210 1 141.	(Signed) George C. Bicknell M. D.
20. FILED Mile f, 1936 Many Alle Marine	(Address) marling, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	1100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	, 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Line and the second	4"		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
٠,						

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6127
1. PLACE OF DEATH	172
County Charles	Registration Dist. No. /a.b
Village or City Pomonhey	No. St., Ward
/ > / (If	death occurred in a horpital or institution, give its INAIVIE instead of street and number)
Length of residence In city or town where death occasion with the control of the	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME James X Less	re Marshall
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
hale Colored OR DIVORCED (write the word)	193 6
5a. If married, widowed, or divorcad	(Month) (Day) (Yeer)
HUSBAND of manch C. Marchael	22. I HEREBY CERTIFY, That I attended dacassed from
h.18 1881	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months   Days   If LESS than	I last saw h aliva on, 19; death is said to have occurred on the data stated ebova, at 1/304_m.
54 0 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
vada, profession, or particular	were as follows:  Date of onset
Kind of work done, as SPINNER, Above, SAWYER, BOOKKEEPER, etc.	Chart and face with
3. Industry or business in which work was done, as SILK MILL, US Name Parker Factory SAW MILL, BANK, etc.	perfect in (b) right lung : June 27/
O IN. E. I	
O 10. Date daceased last worked at this occupation (month and year)  year)	
1 611 to Pl.	Othar Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	We Then ship 901
	(Martin
E	- Horie
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis? Was there an autopsy?
II 15. MAIDEN NAME Louisa Clauk	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Louisa Clark  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide?
State or country)	Where did injury occur? Panguley had
17. INFORMANT Wife ( marche & marchel)	(Specify city of town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pommley had	Home
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Dynshot wounds face "hight clast
Place Tomfret ma Date June 30, 19 36.	Nature of injury from plut gull
19. UNDERTAKER / Luny & Coffee	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) mayor perfect Mon	If so, spacify
20. FILED 6-30 1936 M. E. Ransome	(Signed) Trans G. Susan M. D.
Deputy local Registrar.	(Address) Indian Hend, Ind.
If more blanks de needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset-	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	192	- Aun over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
119	1711		
Other contributory causes of importance:	RE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Dacease	ADDITION.	AL SPACE	FOR FURTH	IER STA	TEMENTS	BY PHYS	ELW	of h	ankel
of Pomer	ikey he	d ut	1130 K	11/	6/2/1/-	36.0	Decea	and	was
Odoud	uffen	my	erwal	uf	1XN.	m o	ans a	late	
	<i>W</i>	1					-		

D. Every item of infor-

	CERTIFICATE OF DEATH	128
1. PLACE OF DEATH		
County Charles	Registration Dist. No.	0
Village or City Sallala Led.	No. St.,	Ward
Length of rasidence In city or town where death occurred 75 yrs. 2 mos	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
2. FULL NAME Law Fargus on Ma	IT bound	Pta = 0 L = a L = WV
A P M. > 1		
(a) Residence: No. (Usual place of abode)	Cl. St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Auto
3. SEX 4. COLOR OR RACE 5. SENCE, MARRIED, WINGWED,	21. DATE OF DEATH	
Servade 11 Serva (write the word)	June 18th	193
5a. If married, widowed or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended d	eceased from
" Louis and Loui	June 11, 1936, to June 18	1936.
6. DATE OF BIRTH (month, day, end yeer) A pru 8 /86/	I last sow h) like alive on June ()18, 1936	; death is sald
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, et 12:20 film.	
79: 2 / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, es SPINNER,		
SAWYER, BOOKKEEPER, etc.	Coronary Ocelhein	6/18/36
work was done, as SILK MILL, SAW MILL, BANK, etc	J	
10. Date decaased last worked at 11. Total time (years)		
this occupation (month end spent in this occupation		~~~~~~
	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (Stata or country)	0 740	-alteria
E 13. NAME Frederice LTD.	Oner Belevos mile	1. Dyears
E OO OO OO	Mirious Occupina	1934.
4. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of	
	What test confirmed diegnosis? Was there an au	
15. MAIDEN NAME Qui & Harris .  16. BIRTHPLACE (city or town) Charles (c)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) Charles (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State of county)	Whera did injury occur? (Specify city or town, county and State)	)
17. INFORMANT to Mas walkers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
(Addrass)		
Place Mr Rest Cenality & June 20, 1936	Manner of injury	
11. 46.00	Neture of injury	A
19. UNDERTAKER Seint and Rygon	24. Was disease or injury in any way related to occupetion of deceasad?	20
(Addiass) Walley hal	If so, specify	
20. FILED AIRE 19, 1936 Ly illian V. Osly	(Signed) Little & Violan	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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	Example I		Example II	
The principal cause of de of importance were as fo	Hows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUI 7 1936	1915	Attack of epilepsiy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonilis	3 days ago
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
Gallstones		May 1,1923	Gastroenteritis	1 1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

# STATE OF MADVI AND CEDTIFICATE OF DEATH

8	item of infor-	should state	of OCCUPA-	\
	RECORD, Every	. PHYSICIANS	Exact statement	
OR BINDING	. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ificate.
MARGIN RESERVED FOR BINDING	G INK-THIS IS	GE should be sta	hat it may be pro	TION is very important. See instructions on back of certificate.
MARGIN 1	TITH UNFADIN	ully supplied. A	plain terms, so t	t. See instructio
8	E PLAINLY, W	should be carefi	OF DEATH in	s very importan
S. No. 1	. B.—WRIT	mation	CAUSE	TION

STATE OF MARTLAND	CERTIFICATE OF DEATH	100
1. PLACE OF DEATH	120	11 /
County Charles	Registration Dist. No.	04
Village or City Qpanel (II	No. St., f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmc	osds
2. FULL NAME agres mill	and x	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Phase Color of Race  7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193_6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reul Mulland	22. I HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. A alive on 4 2 2 19.3	death Is said
7. AGE / Years Months Oays If LESS than	to have occurred on the date stated above, at	
PT Indenova 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Alwhlish	4-1
. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		15 43
10. Date deceased last worked at this occupation (month and year) occupation		-
12. BIRTHPLACE (city or town) MA (State or country)	Other Contributory Causes of importance:	-
13. NAME Jon Bullis		
14. BIRTHPLACE (city or town) 224	Name of operation Oate of What test confirmed diagnosis? Was there an a	autonsy?
15. MAIDEN NAME Line Butter	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury	, 19
17. INFORMANT Poegal Milliand	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL.	
18. BURIAL, CREMATION, OR REMOVAL Place Huly Short Crosse 6 24, 1931	Manner of injury	
19. UNDERTAKER Charles Charles (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 6-23 \ 19.36 \ \( \tau_{\text{L}} \) At Aighter Registrat.	(Signed) The Armes (Address) Wassing	C. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		FO	•

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
	11 60	m 31	420 11		



# STATE OF MARYLAND CERTIFICATE OF DEATH

IYSI- Exact	PLACE OF DEATH  County Place See 1	STATE OF MARYLAND CERTIFICATE OF DEATH
, pei		Registration Dist. No. 1021
EXACTL ly classif ificate.	Village or City Goucaster (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Male White MARRIED, MINORCED OR DIVORCED.  (Write the word)	16 DATE OF DEATH June 1936  (Month)— (Dsy)— (Year)
that it ma	6 DATE OF BIRTH  Lune 18, 1973  (Clonth) (Day) (Year	that I last saw he malive on May 31 136.
plied A ms so the instructi	7 AGE 6 2 yrs. 11 mos. 19 ds. or	The CAUSE OF DEATH * was as follows: - Aufalic Carcinoma.
olain ter	(a) Trade, profession or particular kind of work  (b) General nature of industry	
be carefulated importar	business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Charles Co. Md.	(Duretion) yrs mos ds,  Contributory Secondary
should by OF DE	10 NAME OF FATHER John J. Shann.	(Signed) Seo. C. Bickrull, M. D. Since 2 1936 (Address) markery Ind.
CAUSE	(State or country) Charles Cr. Md.  12 MAIDEN NAME OF MOTHER  OF FATHER  (State or country) Charles Cr. Md.	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
f inform d state	13 BIRTHPLACE OF MOTHER (State or country) Charle Con Mid.	ients or Recent Residents)  At place In the of death yrs mos ds.  Where was disease continued.
item o s shoul nent of	(Informant W. Emory Lucinum.	if not at place of death?  Former or usual residence
Every i CiANS statem	(Address) Jour Gaeter, Md.	Avecaster, Md. June 5, 1, 36.
BB	15 Filed Lune 2 1926 Ul Florings an	H. a. Benn. La Plata Md

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE

80 Z

RECORD

A PERMANE BINDING

WITH UNFADING INK---THIS IS MARGIN RESERVED

FOR

(Approved by U. S. Census and American Public Health Association.)

laborer, cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (h) the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, Physician, Compositor, Architect, Locomoltre engineer, whatever, write None. business, that fact may be indicated thus; Farmer (teto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation (b) Cotton mill; (a) without more precise specification as Day otton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia Bronchopneumonia ("Pneumonia");

0

"Debility" ("Congenital," "Senile," ctc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia, "" "Weakness," etc., when a definite discase "Inanition," "Marasinus," "Old Age," "Shock," accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," can be ascertained as the cause. Always qualify all Whooping istants) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage by Committee on Nomenclature cough; Chronic etc. valvular The contributory " "Convulsions, heart not be disease;

If this certificate is looked over thoroughly and all questions answeed in detail, it will prevent further correspondence. A lithe disk is essential and must be obtained before the cartificate is permanently fied.

6

1936

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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10. 10	0
St.,	Ward
rsmo	
y or town and	
DEATH	State
)ay)	
n 26°	leceased from 1, 1936 ; death is said
portance	
	Date of onset
losu	2 yn ?
Date of	
Was thera an a	

County Charles A 1 Registration Dist. No. 100	
	ard
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of rasidence in city or town where death occurred 30 yrsds. How long in U.S. if of foreign birth?	
(1) 70	_us.
2. FULL NAME TO THE VENTAL SMOOTH OF U. S. Veteran, specify WAR.	
(a) Residence: No.   Description   Descripti	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 21. DATE OF DEATH	
5a. If married, widowed, or divorced (Month) (Day) (Yaar	)
HUSBAND of Elizabeth Smoot.  22. I HEREBY CERTIFY, That I attended deceased (or) WIFE of Elizabeth Smoot.  22. March 4 1936 to Man 26 4 193	from
6. DATE OF BIRTH (month, day, and year) Que 28 18 84   I last saw h. maile on mail 26, 1936; death is	said
7. AGE Years Months Jays If LESS than to have occurred on the date stated above, atm.	
51 53 9 7 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trada profession or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1 Under Culosu 24	7
9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc	
U. 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town). Chas Co mg- Other Contributory Causes of importance:	
(State or country)	
I 13. NAME Pheles Smoot	
14. BIRTHPLACE (city or town) Chees & Md Name of operation Date of	
(State or country) What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Catherine Olina Duelle 723, If death was due to external causes (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide?Date of injury	
(State or country) Where did injury occur?	
(Specify city or town, county and State)  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) de Plati 2nd	
18. BURIAL, CREMATION OR REMOVAL Complete A 31 Manner of injury	
Placa A Shomas Date Sime 1 , 1926 Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decaased? 71	J
(Address) Sel Clim My If so, specify	
20. FILED like 6 4 1936. Lillian Mosey (Signed) James 6. Holan	M. D.
Registrar. (Address) La Plate Ma	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	23.00.00
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , , , , , ,	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1:	-	4)	0
U	1	3	1

1. PLACE OF DEATH	(23)
County Courtes	Registration Dist. No. 108
Village or City Mughinell	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
11, are	ds. now rough in 0.5. If of foreign births: yrs
2. FULL NAME A COLL   1000	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH June 3 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Fel. 13, 1914	I lest saw has alive on Mile 25, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
22 1 day,	Wines as followed by DEATH end related causes of importance
2 Trade profession or particular	Date of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lubrolins !
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	-
10. Date deceased last worked et this occupation (month end pears) spent in this occupation	
a similar con a la l	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME a long Woodland	
13. NAME A CONTROL OF THE STATE	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Oliva Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (May Sthring)  16. BIRTHPLACE (city or town) May lovel  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17, INFORMANT MALLER	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Skypesule, Md	
18. BURIAL, CREMATION, OR REMOVAL  Place Drugantinon Dete 64136, 19	Manner of Injury
riace Uete 19	Nature of injury
19. UNDERTAKER Tolmer M. Leude	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Augheoulle, grid	If so, specify
20. FILED & H 3 Co 19 Chaffellar Registrar.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1836	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	D. Every	<b>TSICIANS</b>	statement	
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	RMANEN	XACTI	classified.	
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	HIS	pe	þe	of
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	H UNFAL	y supplied.	ain terms, s	See instruc
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N. B.—WRITE PLAIN

V. S. No. 1

1. PLACE OF DEATH County Count	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6133
Langth of residence in city or temp where death occurred in a boogist or institution, are in NAME intend of servet and number)  Langth of residence in city or temp where death occurred yrs. mos. ds. How long in U.S. If of fereign birth? mes. ds.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOB-OR RACE  5. SINGLE, MARRIED, SINGLE, MARRIED, WINDOWED, OR DIVORCED (write the word)  53. If married, widowed, or divorced (HUSAND)  4. COLOB-OR RACE  5. DATE OF BERTH (month, day, end year)  6. DATE OF BERTH (month, day, end year)  7. AGE  Years  8. Tade, profession, or particular in the word of the w	1. PLACE OF DEATH	(50)
Langth of residence in city or servin where death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead of server and number)  If death occurred in a boogleal or institution, eve in NAME instead and accurred in the word of the control of the number	County	Registration Dist No. /08
Length of residence in city of Jewn where death occurred yes most. ds. How tong in U. S. I of foreign bith? yes mos. ds.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOB-OR RACE  5. SINCLE MARRIED, WINDWED, OR DIVORCED (write the word)  5a. If married, vidowed, or divorced (ron Wife of Con Wife of Co	We all the flags	
2. FULL NAME  (a) Residence: No.  (Usus) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR-OR RACE  5. SINCIE, MARRIÉD, WIDOWED, OR DIVORCED (write the word)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, AND OR DIVORCED (write the word)  8. STrade, profession, or particular kind of work done, as SPINNER, AND OR DIVORCED (write the word)  8. STrade, profession, or particular kind of work done, as SPINNER, AND OR DIVORCED (write the word)  9. Judistry or business in which work one, as SPINNER, AND OR DIVORCED (write the word)  10. Date deeseed lest worked at how work was done, as SIX MILL  11. Date deeseed lest worked at Worked at Worked at Washington (Color of the word of th	(If	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (4. COLOB OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORED Currie the word)  OR DIVORED Currie the word)  (Month)  (Day)  (Year)  21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended deceased from the state of the state of ebode, at. A. C.m.,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Month)  (Day)  (Year)  12. DATE OF DEATH  23. There is the state of the date stated ebode, at. A. C.m.,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Month)  (Day)  (Year)  13. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Was the same of the date stated ebode, at. A. C.m.,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast saw h. S. SINGLE, MARRIED, WIDOWED, Ownie the word)  (Bast or country)  (State or coun	Length of residence In city or tewn where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Clust place of abode    Financialent give city or town and State	2. FULL NAME Jaliu Zdian	L Wood land
Clust place of abode    Financialent give city or town and State	(a) Residence: No.	St. Ward.
3. SEX  4. COLOR-OR RACE  5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (waris the word)  5a. If married, widowed, or divorced HUSBARD of (or) WITE of HUSB		
OR DIVORCED (cwrite the word)  Sa. If married, widowed, or divorced HUSBAND or HUSBAND (Nonth)  Sa. If married, widowed, or divorced to husband stated ebove, at. I. I	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
## ACCIONAL PRICE (city or town)    Same   S		21. DATE OF DEATH LUCY 1950
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as pollows:  SAWER, BOOKKEEPER, etc	5a If married widowed or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, end year) Months  7. AGE  Years  Months  Days  If LESS than 1 day	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
To AGE  Years  Months  Days  If LESS than In day, here or line.  It is principle to the date stated above, at the many and to have courred on the date stated above, at the many and the many and the date stated above, at the many and the many and the date stated above, at the many and the da	- 11:60	1936 to see 1936
To AGE  Years  Months  Days  If LESS than In day, here or line.  It is principle to the date stated above, at the many and to have courred on the date stated above, at the many and the many and the date stated above, at the many and the many and the date stated above, at the many and the da	6. DATE OF BIRTH (month, day, end year) Mag 22 1936	lest saw h
3. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and was spent in this occupation (month and was spent in this occupation)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of injury  Nature of injury  17. One page of the	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2m.
8. Trade, profession, or particular kind of work does as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which worked at this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER  (Address)  24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  17. INFORMANT  (Address)  24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  17. INFORMANT  (Address)  19. UNDERTAKER  (Address)		ware as follows:
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Addless)  19. UNDERTAKER (Addless)  19. UNDERTAKER (Addless)  Other Contributory Causes of importance:  College Contributory Causes  College Contributory	8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Addless)  19. UNDERTAKER (Addless)  19. UNDERTAKER (Addless)  Other Contributory Causes of importance:  College Contributory Causes  College Contributory	SAWYER, BOOKKEEPER, etc.	Eleaution
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Addless)  19. UNDERTAKER (Addless)  19. UNDERTAKER (Addless)  Other Contributory Causes of importance:  College Contributory Causes  College Contributory	9. Industry or business in which work was done, as SILK MILL.	Primary Course: Premotive Pirtle
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Addless)  19. UNDERTAKER (Addless)  19. UNDERTAKER (Addless)  Other Contributory Causes of importance:  College Contributory Causes  College Contributory	SAW MILL, BANK, etc.	Process .
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13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   (State or country)   What test confirmed diagnosis?   Was there an autopsy?   What test confirmed diagnosis?   What test confirmed diagnosis?   What test confirmed diagnosis?   What te		Huall work coles weeken
What test confirmed diagnosis? Was there an autopsy? Long to the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREGATION, OR REMOVAL Place   Manual of the following:  What test confirmed diagnosis? Was there an autopsy? Long Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. Out of the following:  Accident, suicide, or homicide?  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)		to property section or East
What test confirmed diagnosis? Was there an autopsy? Long to the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREGATION, OR REMOVAL Place   Manual of the following:  What test confirmed diagnosis? Was there an autopsy? Long Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. Out of the following:  Accident, suicide, or homicide?  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)	13. NAME 1 10 Trovantosee	
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19. UNDERTAKER 24. Wes disease or injury in any way related to occupetion of deceased?  [If so, specify 4. If specif	Place Mulow Ch Date fleer 1931	
11/100		24. Wes disease or windery in any way related to occupation of deceased?
	(Address)	(Signed) Clean M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related confimportance were as follows:  Arteriosclerosis	ED 1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
13 8-111-8-11			
Other contributory causes of importance:	45	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1/100	y 5.		